

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/926262**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		2			
4	2		2			
5	2		2			
6	2		2			
7	2		2			
8	2		2			
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15	/		/			
16	/		/			
17	R		R			
18	2		2			
19	2		2			
20	1		1			
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TOTAL IND.	5		5			
TOTAL DEP.	27	28	28			
TOTAL CLAIMS	32	33	33			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS